

**PART B - FEE(S) TRANSMITTAL**

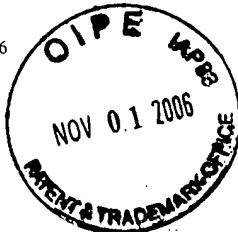
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25944 7590 08/02/2006

**OLIFF & BERRIDGE, PLC**  
**P.O. BOX 19928**  
**ALEXANDRIA, VA 22320**



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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/532,792	04/25/2005	Kusuki Nishioka	123598	6632

TITLE OF INVENTION: THERAPEUTIC AGENT FOR FIBROMYALGIA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/02/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SALIMI, ALI REZA	1648	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<b>1 Oliff &amp; Berridge, PLC</b> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	11/02/2006 MBERHE1 00000148 10532792
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.	02 FEB 2001 1400.00 OP 02 FEB 2001 300.00 OP
(A) NAME OF ASSIGNEE 1) NIPPON ZOKI PHARMACEUTICAL CO., LTD. 1) Osaka, Japan 2) ARGENES, INC. 2) Tokyo, Japan	(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> A check is enclosed. Ck#185834 (\$1700)
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5-0461 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)	<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature \_\_\_\_\_

Date November 1, 2006

Typed or printed name Joe L. S. Armstrong

Registration No. 36,430

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